PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Application or Docket Number				
									5	Bagg	0	K8-A	-01-us
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	E!	TITY	OR	OTHER	
TOTAL CLAIMS			25					RATE FEE		1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		* 5			X\$ 9=			OR	X\$18=	90
INDEPENDENT CLAIMS			3 minus 3 =		* \mathscr{P}			X43=		<u> </u>	OR	X86≈	1 -
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		/							. 200	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2					+145			OR	+290=	<u> </u>
CLAIMS AS AMENDED - PART II								TOTA	\L	<u> </u>	OR		860
	C	i II nn 2)	(Column 3)		SMAL	LL E	ENTITY	OR	OTHER SMALL I				
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=	M ,
	Independent	*	Minus	***		=		X43=			OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE			DEPENDENT CLAIM					1			.000	
							l	+145= TOT			OR	+290=	
								ADDIT. FE			OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)	1 г			4.D.D.I		-	ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	.		OR	X\$18=	
	Independent	*	Minus	***		=		X43=	1		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	LTIPLE DEPENDENT		CLAIM		+145=				+290=	
	TOTAL								OR	TOTAL	•		
								ADDIT. FE			OR,	ADDIT. FEE	
	`	(Column 1)		(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	* `	Minus	***		=		X43=	3		o'R	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		+				
* 11	the entry in colur	mn 1 is less than th	e entry in colu	mn 2 write	"O" in col	umn 3		+145=			OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										·	OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the	аррі	ropriate box	in col	umn 1.	